New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

November-December 1988

Second survey to examine employee attitudes

"We really want to know what employees are thinking."
— Dean Manheimer, vice president for Human Resources.

"Participation in the employee attitude survey gives employees the opportunity to let us know how they feel about working at the Deaconess. The information gathered in the last survey was invaluable, and this updated survey should be equally useful in our future plans," says Dean Manheimer, vice president for Human Resources.

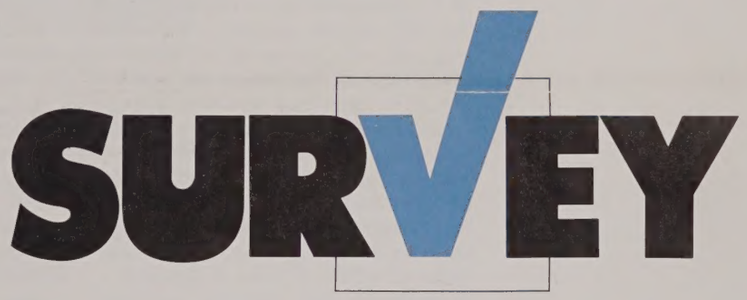
The second employee attitude survey, a followup to a survey first taken late in 1986, will be held November 14 through 20. The multiple-choice questionnaire, which is completely confidential, will be administered hourly throughout most of the hospital's 24-hour workday (see accompanying *Minipulse* for times and locations). All employees are encouraged to participate during their regular working hours.

The survey will be almost identical to the 1986 survey, which compiled information in 15 categories, such as job satisfaction, personnel policies, salaries, benefits, work conditions, and supervisor communications within the hospital. Results showed strong positive feelings about employees' working experiences, but also pointed out areas of concern.

"We really do want to know what employees are thinking," Manheimer says. "Despite last year's financial situation, we managed to start some new programs in response to the survey. The Deaconess FLEX benefits option was instituted to meet employees' requests, and next year we plan to develop an on-site child care facility. A lot of the survey's data was designed to be used by individual departments, instead of the institution as a whole, and several of them have used the results in making their departmental work plans."

Survey results should be available in mid-January and, as in the past, will be shared with department heads. They, in turn, will be responsible for discussing survey results with employees and identifing departmental needs. (Although survey results will be reported by department, there will be no indication of individual employees' responses.)

Manheimer says, "These days one of the greatest challenges facing all hospitals — especially those in Boston — is staffing. The cornerstone of the Deaconess staffing strategy is employee retention. Giving our employees the chance to articulate their concerns and doing our best to meet their needs is an essential part of our retention policy.



Merle A. Legg, M.D. honored at Harvard Club dinner

More than 200 colleagues, friends, and family members gathered to honor Merle A. Legg, M.D., retiring chairman of the Department of Pathology, at a Harvard Club dinner on September 28.

Merle Legg, M.D., and his wife, Yangja Jung-Legg, listen to the speakers at Harvard Club dinner in Legg's honor.

"Merle has excelled as a hospital pathologist," said William A. Meissner, M.D., former chairman of the Department of Pathology and keynote speaker. "He has seen many new developments and new diseases since his medical career began in the early 1940s. What distinguishes him from his colleagues is Merle Legg has always kept up with the many changes and has applied these new developments to patient care."

The program also included a slide presentation, produced by William T. Lockard Jr., M.D., highlighting a lifetime of Legg's personal and academic achievements. In addition, colleagues from the Deaconess and New England Baptist Hospital toasted him as a great inspiration, as one who personifies competence, and for his "marvelous" ability to review slides at a moment's notice.

One of several telegrams received from associates unable to be present spoke of his grace and sensitivity in dealing with others. It read, in part, "Many owe much to him—many who may not know how much . . ."

Legg came to the Deaconess as a pathology resident in 1953 and spent most of his career here. He was appointed Chairman of the Department of Pathology at the New England Baptist in 1974 and at the New England Deaconess in 1975. He is a recognized leader in anatomic pathology, as well as a prominent member of the American Society of Clinical Pathologists. Although he has stepped down as Chairman of the Department of Pathology as of August 31, 1988, Legg will continue as a member of the medical staff and a pathology consultant.

Magnetic Resonance Imaging: a sophisticated new technology

Continuous research and development in medical technology provide greater accuracy, convenience, safety, and reliability. A relatively new means by which doctors may diagnose more accurately certain ailments of the human body is by magnetic resonance imaging (MRI), a technique which uses a powerful magnet and intermittent bursts of radio waves to produce computer-generated pictures of internal organs.

An MRI system soon will be installed at the Deaconess in the MRI building located on Autumn Street across from the Triage entrance. First used for medical purposes in 1981, MRI has become the leading method of imaging for the central nervous system, and is quite useful for detecting suspected disorders of the skull, lesions of the spine and spinal cord, disorders such as multiple sclerosis, and some brain tumors. It is also helpful in observing primary musculoskeletal disorders and joint abnormalities. The potential of MRI for use in vascular studies is increasing, and the range of situations in which it is the primary diagnostic tool continues to expand.

"MRI is the most complex imaging technology we have."
— H. Esterbrook Longmaid, M.D.

"MRI is the most complex imaging technology we have in terms of the multitude of components that go into it," says H. Esterbrook Longmaid, M.D., clinical director of the MRI section. The MR machine consists of a six-foot-long tube with several sets of coils which transmit and receive the MR signal produced by a powerful superconducting magnet. The machine maintains a magnetic field that causes the hydrogen atoms within the human body to align. Radio wave pulses then cause the hydrogen nuclei to rotate. Hydrogen nuclei in different regions of the body rotate at sightly different frequencies depending on their locations, and these frequency differences are used to produce the MR image. Since most of the body's magnetizable hydrogen is located in water and soft tissue, the MRI can detect even minute differences in soft tissues. In addition, special coils within the machine for the head, knee, and spine allow the technologist to take images of very specific areas of the body. The entire process, including initial set-up, preparation, and scan, takes about one half hour to one hour.

"MRI is proving to be very helpful in comparison with alternate methods such as CT scans," says Joanne Incerpi, chief MRI technologist. For example, while images produced by CT scans provide only axial (top to bottom) views, MR can produce cross-sectional images at any angle. These images reflect not only the tissue density, as with the CT scan, but also the magnetic properties of tissue, thus providing greater clarity than previously available.

"Just as the CT scan was a dramatic breakthrough when it was first introduced, enabling us to view the human body cross-sectionally to detect previously undetectable abnormalities," says Longmaid, "MRI represents a dramatic step in allowing us to see different parts of the body and pathologic processes which we otherwise could not see."

MRI has many other advantages. The procedure, which uses radio waves as opposed to x-rays, is completely non-invasive and painless, and may be performed on an outpatient basis.

At present, Deaconess staff is using MR equipment at Beth Israel Hospital as part of the Joint Center for MRI. Following final approval by the Boston Department of Public Health, the new MR system will take six to eight weeks to install and prepare for use.

Because the magnet is so strong—tens of thousands of times the Earth's magnetic field—people entering the MR building will be asked to leave all metal objects in lockers located in the reception area. Loose metal objects in areas close to the magnet can become harmful projectiles. A fence surrounds the sides and rear of the building to keep all curious passersby at a safe distance from the magnetic field. The room containing the magnet is protected by a shield which insulates the adjoining areas of the building from the magnet's full force, and prevents interference from other radio frequencies in the atmosphere. For safety purposes, entrance to the building will be limited.

Unlike a CT scan, magnetic resonance imaging can produce longitudinal views, like this abdominal image, in which the heart and diaphragm appear at the top.

"MRI is a very complex technology, and therefore, it will take a while for referring physicians, patients, and other members of the medical community to fully appreciate its role and potential," Longmaid says. Those who wish to learn more about MRI are encouraged to contact the Radiology Department.

NEDH in the news

Deaconess people in the news in the past few months include:

- John Delfs, M.D., neurologist and associate director of The Arnold Center, discussed his spinal cord research and its relationship to muscle and nerve disease as part of the local segments of the annual Muscular Dystrophy telethon, aired on Channel 5.
- Jerome Groopman, M.D., chief of hematology/oncology, discussed the latest information about GM-CSF and his study of its use in patients with lung cancer on "CBS This Morning." He also appeared in a Channel 7 early evening news segment regarding the AIDS treatment drug AZT, and was named one of "Boston's Smart Set" by *Bostonia* magazine.
- Olivia Hoblitzelle. M.A., behavioral medicine, was interviewed regarding the relaxation response and the section's programs for a local cable television program which aired in Stoughton and three other South Shore towns.
- Roger Jenkins, M.D., chief of liver transplantation, discussed providing surgical care to people with AIDS in the Channel 4 television program "AIDS Buddies, Friends for Life."
- Stephen Maurer, M.A., director of mind/body clinical programs, discussed use of the relaxation response and a positive outlook in overcoming medical problems on Channel 4's "People Are Talking."
- Glenn Steele, M.D., chairman of Surgery, was interviewed regarding new research finding in colorectal cancer for the Channel 7 evening news.

Fiscal Services takes care of business

Hospitals are in the business of caring for patients. But it is the management of a hospital's "business" aspects — particularly those dealing with finances — that enable the institution to continue providing patient care. At the Deaconess, Fiscal Services is responsible for managing the hospital's money: money received for patient care, money to pay bills, money for employee paychecks, and money to invest for future growth.

Fiscal Services is divided into three departments: General Accounting, directed by Edward Kushmerek; Financial Planning, directed by David Lagasse; and Patient Accounts, directed by David O'Brien. The departments work closely with each other and with people throughout the hospital to try and meet the Deaconess's financial needs.

William Robinson, senior vice president for Fiscal Services, says, "Our people are extremely competent, dedicated professionals who work hard to provide the financial tools the hospital needs to achieve its goals. Although systems in some areas may have been lacking in the past, there always has been a lot of personal commitment. We're working to develop better systems and information to support our people in their work."

"We're working to develop better systems and information to support our people in their work."
— William Robinson, senior vice president for Fiscal Services

The management team in General Accounting includes (from left) Peter Marshall, assistant controller; Helen Chan, senior accountant; Ed Kushmerek, controller; Jackie Lindberg, head cashier; Robert Morrissey, financial project manager; and William Mochi, accounts payable manager. Not pictured is Karen O'Brien, payroll manager.

General Accounting

"Our group is responsible for the hospital's day-to-day money management," says Edward Kushmerek, controller and head of General Acounting. "We pay the bills, prepare financial statements and external reports, and deal with taxes and external audits."

Peter Marshall, assistant controller, supervises the accounting staff, who prepare the hospital's financial statements, expense reports, balance sheets, and the annual statements for all the affiliated corporations. Robert Morrissey, financial project manager, is responsible for payroll (managed by Karen O'Brien), accounts payable (managed by William Mochi), and the cashiers (managed by Jacqueline Lindberg).

Section heads in Financial Planning are (from left) George Ogin, reimbursement manager; Maria Mastrangelo, budgeting manager; and Edward McKelvy, special projects manager. Missing from photo is David Lagasse, director of Financial Planning.

The financial project group also undertakes special assignments, such as working with attorneys and the Internal Revenue Service to set up new affiliated corporations.

"All these people make frequent presentations to Board of Trustees committees, department heads, and other groups to review and explain the hospital's financial results," Kushmerek says.

Another major General Accounting activity is dealing with external financing entities, like banks, which may provide the funds the hospital needs for future growth. "Over the past year, our people have spent a lot of time meeting with bond rating agencies to look at what happened last year, when the hospital had a serious financial loss," says Kushmerek. "Bond issues are a common way for hospitals to raise capital funds [money to pay for major new equipment or construction], and our bond rating is like an individual's credit rating. Despite last year's problems, we have maintained an 'A' rating, which means that the agencies consider the hospital strong enough to deal with an adverse condition and still pay its bonds."

Investing the cash that is not needed for the hospital's day-to-day operations is another responsibility of General Accounting. "Each of the affiliated corporations has specific cash needs," Kushmerek says. "We want to invest the available money for a good return, but always have enough on hand to pay our bills."

Financial Planning

Determining how best to meet the hospital's future financial needs is the job of Financial Planning. Department director David Lagasse explains that there are three major areas: budgeting, managed by Maria Mastrangelo; reimbursement, managed by George Ogin; and special projects, managed by Edward McKelvy.

"The budgeting area is responsible for both the operating and capital budgets of all the affiliated corporations," says Lagasse. "They work with all the departments to help them think through their needs for current programs and for anticipated new projects and expenses. Maria can help people present their capital budget requests and also tries to set up the most useful budget accounts for each department."

Reimbursement has a direct impact on the money the hospital receives for patient care, by establishing the charges submitted for each service. "These days it is essential that charges accurately reflect the cost of the services," says Lagasse. "For example, there used be a single fee for anesthesia minutes in the operating room. Now we have separate charges for procedures like liver transplants that use special anesthesia services."

Efforts undertaken by the special projects group vary according to current needs, and all members of the Financial Planning staff may contribute. "Some of their recent projects include looking at uses for Kennedy Hall, examining the profit and charge structures of various departments, and investigating the effects of expanding some of our more profitable programs," Lagasse says.

Patient Accounts

"Over the past year, our department has been reorganized into three areas: financial counseling, billing, and account collection," says David O'Brien, director of Patient Accounts.

Financial counseling, located on Farr 1 near the cashier's office, focuses on gathering insurance and other financial information about inpatients. Supervised by Mary Hennessey, the financial counseling group verifies coverage information provided by Admitting. When there are questions about a patient's insurance, the counselors meet individually with the patient on the day of admission.

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Medicare cutbacks cause problems for Deaconess, other hospitals

More than 40 percent of Deaconess patients are covered by Medicare, the federal government's program to provide health care for people over 65. Obviously, changes in the Medicare program can have a profound effect on the hospital. When the Medicare Prospective Payment System (PPS) went into effect three years ago, the hospital met the program's demands with efforts to streamline systems, cut costs, and reduce patients' length of stay.

Although the Deaconess did well during the first year under PPS, continuing cuts in the program's rates of reimbursement have caused problems for the Deaconess—and many other hospitals in Massachusetts and across the country. And it is anticipated that further Medicare cuts are coming as part of Washington's efforts to cut the budget deficit.

"The federal government historically has dealt with budget problems by shrinking the amount of money flowing into the system, rather than reducing benefits," says William Robinson, senior vice president for Fiscal Services. "Over the past few years, the services hospitals provide under Medicare have expanded, but the money paid to hospitals for those services has been cut. The government may think that the funds they provide are adequate, but the reality is that in Massachusetts, hospitals' costs exceed their reimbursement. We have lost money, and our losses are growing."

David Lagesse, director of Financial Planning, says, "Over the past four years, our losses from caring for Medicare patients have averaged more than $10 million per year. Medicare losses were a major factor in the hospital's financial problems last year. This year, although the hospital should break even overall, we have budgeted for a total of $12 million in Medicare losses."

One of the reasons why Medicare cuts are so devastating at the Deaconess is that the hospital's patients are much sicker than patients at other hospitals. Compared to the average Medicare "intensity index" of 1, the Deaconess is rated 1.81, which means the level of illness among Medicare patients here is 81 percent above the national average. But Medicare pays no increased compensation for the higher intensity of care given at the Deaconess.

The Deaconess is not alone in its problems with Medicare cuts. Hospitals across Massachusetts expect a total Medicare shortfall of $70 to $90 million per year, and nationally half of all hospitals are anticipated to lose money caring for Medicare patients by the 1990 fiscal year.

Because Medicare cuts are such a serious national problem, this fall the American Hospital Association (AHA) conducted a campaign called "Elect to Protect Medicare." The program encouraged hospital employees, staff members, physicians, trustees, and friends to write their senators and congressmen, expressing their concern about the inadequacy of Medicare funding and its possible long-term effect on health care across the country. According to AHA, the purpose of the program was to make Medicare adequacy a community concern, laying the groundwork for future activities in support of the program.

In October, Deaconess employees received information kits including Medicare facts and suggestions for writing their representatives. Robinson says, "If hospitals in Massachusetts learned anything from last year's activities on behalf of the state health care law, it is that the involvement of individuals in the political process really works. We are going to keep informing our employees of the impact that political changes can have on their jobs and on the care they give our patients. And we need to continuing alerting government officials of the problems caused by continued Medicare cuts; we don't want them to make health care a tool for balancing the budget."

"Over the past four years, our losses from caring for Medicare patients have averaged more than $10 million per year."
— David Lagasse, director of Financial Planning

New employee handbook reflects updated policies

All Deaconess employees soon will receive the new employee handbook, which outlines the hospital's personnel policies. The new handbook replaces the previous edition published in 1983 and includes current information on the hospital's policies in the areas of employment, position and pay, career development, benefits, hospital services, employee reponsibilities, employee relations, and termination.

"In most areas, there have not been major policy changes," says James Collins, manager of employee relations. "And much of the new information reflects programs, such as flexible benefits and guest relations, that have been widely publicized. Other changes being made reflect an effort to apply policies fairly and consistently in all hospital departments."

New programs or practices discussed in the employee handbook include leaves of absence for employees who adopt children and a child care center, which will be established in 1989.

Employees with questions about the information in the employee handbook, or those who do not receive a handbook by the end of November, should ask their supervisor or call Human Resources (2-8141).

Fiscal Services

(continued from page 3)

O'Brien says, "Our counselors compile the information and discuss it with patients, but they don't make judgments about what is and is not covered. Those decisions are made by the insurers."

The billing area works to ensure that claims for services are processed quickly and bills sent to the third-party payers or, when appropriate, to patients. Standards implemented in both the inpatient area, supervised by Diane Ramirez, and the outpatient area, supervised by Virginia Behrikis, are designed to keep the number of outstanding bills at a minimum. "We are working with Information Systems to select a system that will further computerize the billing function," says O'Brien. "One possibility is a system that would handle Blue Cross and Medicaid bills via a computer tape, which should save a lot of processing time."

Account collection is responsible for following up on payment of all billed claims. They assure that patients receive statements of their accounts and payments applied. Under Patricia Hansen, assistant director of Patient Accounts, an automated collection system will be installed in the coming months, which, according to O'Brien, will free the collectors from a lot of paperwork.

"Our reorganization is the product of a lengthy assessment of all aspects of accounts receivable management," O'Brien says. "It will take some time to implement all our new procedures, but in the end we should have a system that operates more efficiently for everyone: the hospital, the payers, and the patients."

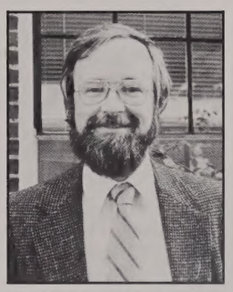
Members of the Patient Accounts management team are (from left) Patricia Hansen, assistant director; Diane Ramirez, supervisor of inpatient billing; David O'Brien, director; Judy Dalton, Medicare specialist; Virginia Behrikis, supervisor of outpatient billing; and Mary Hennessey, supervisor of financial counseling.

What are Deaconess people doing for the holidays?

Pulse's roving reporter asked several people seen around the hospital about their plans for the upcoming holiday season.

"I'm going to spend time with family and friends." Darrell Brown, LMOB receptionist

"I'm going to have a baby the last week in November, so I'll be spending time with my family." Audilia Fernandes, Cafe 90 hostess



"I plan on moving across town, and unfortunately, I won't be able to take my usual trip to Canada." Peter Macaulay, Media Services director

"I'll probably be working at the hospital, but if not, I'll go to Pennsylvania with my husband to visit family." Marie Turner, R.N., Farr 11 staff nurse

"I'm going to open my gifts first thing and then go to New York and go out all night." Jackie Ramsey, G-B Lab secretary (left). 'I'm going to Rochester, New York." Phyllis Cheek, G-B Lab secretary

"I'll be working pretty hard then, but I should be able to stop by the hospital's Christmas party on December 16." S. Claus, North Pole

"I hope to go skiing and spend time with my family in Boston." Linda Vynorius, retirement benefits coordinator, Human Resources

Comprehensive Breast Center offers convenient, personalized patient services

Early detection and prompt treatment are a woman's best defense against breast cancer. To assist with this process, the Deaconess has established the Comprehensive Breast Center (CBC) in cooperation with Bay Colony Medical Group, a private internal medicine practice located in Brookline Village. CBC has two components: a screening and evaluation program, located at Bay Colony, and a multidisciplinary treatment program for women with breast cancer, located at the Deaconess.

The screening program offers a routine checkup by a physician, education in breast self-examination, mammography services, and prompt assessment of any cysts, lumps, or other irregularities that may be discovered.

Blake Cady, M.D., chief of surgical oncology, says, "There is increasing interest among both physicians and the general public in the use of mammography as a tool to discover early breast cancer. Studies have shown that regular mammography can lead to a 30 percent reduction in deaths from breast cancer. It is clear that mammography is very helpful in early diagnosis of breast cancer. The type of services provided by CBC are not unusual, but we wanted to offer them as part of a high-quality, Deaconess program."

Bay Colony, which is directed by J. Jacques Carter, M.D., an internist on the Deaconess staff, offers a convenient location with on-site parking, access to public transportation, and extended hours. A radiology group located in the same building usually can perform necessary mammograms the same day as the screening appointment.

Cady says, "We anticipate that the interest in these early diagnosis programs will continue to grow, requiring the establishment of additional facilities. Within a year, some of the center's patients probably will be having their mammograms in the new outpatient radiology suite under construction in the Lowry Building."

Women in whom breast cancer is detected receive prompt referral to the multidisciplinary treatment program at the Deaconess. Patients usually can consult with all necessary physicians — surgeons, radiologists, medical oncologists, radiation therapists, and plastic surgeons — in one or two visits, for a complete evaluation and review of treatment options.

"The physicians involved in the CBC all have a special interest in breast cancer and are aware of the latest treatment methods," says Cady. "Of the women treated at the Deaconess for breast cancer, 60 percent have lumpectomy [removal of only the tumor and surrounding tissue] and radiation therapy. And 75 percent of the women who have mastectomies [removal of the entire breast] have immediate reconstruction by one of our plastic surgeons. We think we have the highest quality facility and team for treatment of breast cancer."

Appointments for both the screening and treatment programs are accepted on a self- or physician-referred basis. Those wishing information or an appointment with the CBC screening program should call Bay Colony Medical Group at (617) 735-8787. For appointments through the multidisciplinary treatment program, call (617) 732-9933.

"We think we have the highest quality facility and team for treatment of breast cancer." — Blake Cady, M.D.

news in brief

Richard J. Baptista, M.S., R.Ph., general manager, Deaconess Home Health Care, and **Francis P. Mitrano, M.S., R.Ph.**, published a research report on the stability and compatibility of cimetidine hydrochloride and aminophylline in dextrose 5 percent in water injection, in *Drug Intelligence and Clinical Pharmacy*.

Clair Beard, M.D., radiation therapist, has joined the Department of Radiation Therapy. She is a graduate of the Joint Center for Radiation Therapy (JCRT) residency program.

Bradley Borlase, M.D., general surgeon, has joined the Department of Surgery. A graduate of the University of Texas at Houston Medical School, he completed internship and residency at the University of Colorado.

Bruce Bornstein, M.D., radiation therapist, has joined the Department of Radiation Therapy. A graduate of the Joint Center for Radiation Therapy (JCRT) residency program, his work will include research into and clinical applications of hyperthermia (the use of heat to destroy cancer cells).

Ursula Brandt, Ph.D., behavioral medicine, spoke on stress management for cancer patients and led a discussion group on psychosocial measurements at a workshop on rehabilitation of cancer patients, held in West Germany.

F. Henry Ellis Jr., M.D., Ph.D., chief of thoracic and cardiovascular surgery, presented a paper on cancer of the lung and esophagus at a cancer management course sponsored by the Rhode Island chapter of the American College of Surgeons. He also gave papers on gastroesophageal reflux at the Annual Conference for Directors of Surgery and the Society of Surgeons of New Jersey.

Barbara G. Fallon, M.D., oncologist, has been named an associate fellow of the American Society for Head and Neck Surgery.

Elaine Fleming, M.D., internal medicine, has joined the Department of Medicine. A graduate of Tufts Medical School, she completed internal medicine residency at the Deaconess. Her practice includes general internal medicine, and she also works in infectious disease at the Harris Hall Clinical Center.

Judith Friend, M.A., research associate in neurology, made a presentation on morphometric analysis of acetylcholinesterase-positive neurons in spinal organotypic roller tube cultures at the International Conference on Brain and Spinal Cord Slice Sections.

Marti Hopkins, R.N., staff nurse, spoke on diabetes and cardiovascular disease at a symposium on trends in cardiovascular nursing held at Beth Israel Hospital.

Robert Kane, M.D., radiologist, spoke on transrectal ultrasound of the prostate and intraoperative ultrasonography as visiting professor at the Maine Medical Center.

Robert Lees, M.D., chief of peripheral vascular disease, spoke on dyslipidemias and the role of lovastatin at an update on coronary artery disease sponsored by Spaulding Rehabilitation Hospital.

Robert C. Moellering Jr., M.D., chairman of Medicine, was co-chairman of the First Soviet-American Symposium on Antimicrobial Chemotherapy, held in Moscow. The meeting, also attended by **Scott Hammer, M.D.**, infectious disease, was the first Soviet-American scientific interchange held after the Moscow Summit.

Mark Roberts, M.D., fellow in general medicine, presented a paper on predicting survival in liver transplant patients at an international meeting of transplant specialists, held in Australia.

David T. Scadden, M.D., hematologist/oncologist, has joined the Department of Medicine. He completed clinical and research fellowships at Brigham and Womens Hospital, Dana-Farber Cancer Institute, and New England Medical Center. In addition to conducting research into retroviruses, he will be active in clinical trials of GM-CSF.

G. Paul Sesin, Pharm.D., clinical coordinator of pharmacy services, and **Eva O'Keefe, M.B.A., R.Ph.**, manager of Pharmacy Services, published an article on drug utilization of vancomycin in the *Journal of I.V. Nursing*.

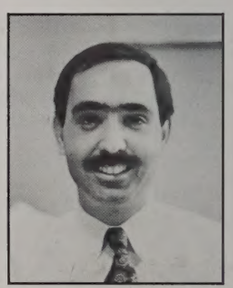
Miles Shore, M.D., chief of psychiatry, represented the Robert Wood Johnson Foundation at a World Health Organization conference on chronic mental disability, held in Finland. Shore is director of the foundation's program for the chronically mentally ill.

Kenneth Stokes, M.D., radiologist, has joined the Department of Radiology, where he will be chief of angiography and interventional radiology, as well as co-chief of the non-invasive vascular lab.

Leo Stolbach, M.D., behavioral medicine, spoke on behavioral intervention in cancer patients at a cancer management update seminar.

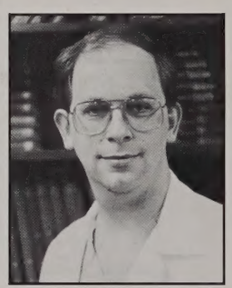
William Wojno, M.D., internal medicine/rheumatology, has joined the Department of Medicine. A graduate of University of Cincinnati Medical School, he completed residency at the Medical College of Wisconsin and held clinical and research fellowships at the arthritis unit at Massachusetts General Hospital.

Clair Beard, M.D.

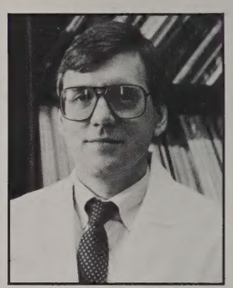


Bruce Bornstein, M.D.

Elaine Fleming, M.D.



Kenneth Stokes, M.D.



William Wojno, M.D.

Magnetic resonance imaging

(see page 2)

The special shielding and fences around the magnetic resonance imaging building protect passersby from the powerful magnet.

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